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APPLICANTS

Jason P. Eaton, Monroeville, PA;

Peter Ho, Pittsburgh, PA;
Elias G. Diacopoulos, Export, PA;

** CONTINUING DATA *****

This appln claims benefit of 60/402,335 08/09/2002 *AB*

** FOREIGN APPLICATIONS *****

none AB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/27/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Michael W. Haas Examiner's Signature	<i>AB</i> Initials	PA	8	42	5

ADDRESS

30031
 MICHAEL W. HAAS, INTELLECTUAL PROPERTY COUNSEL
 RESPIRONICS, INC.
 1010 MURRY RIDGE LANE
 MURRYSVILLE , PA
 15668

TITLE

Patient interface and headgear connector

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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